

Graduation Application – Certificate

Return to the Student Affairs Office – Please note deadline for applying

Section I – Candidate Information *(to be completed by student; print clearly)*

Last Name _____ First Name _____ M.I. _____

Student ID# _____ Current Phone Number _____

Name *(As it is to appear on your Certificate)*: _____

Advisor's Name: _____

Program in which you will receive your certificate (check one)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Business Systems | <input type="checkbox"/> Entrepreneurship | <input type="checkbox"/> Medical Office Support |
| <input type="checkbox"/> Administrative Assistant | <input type="checkbox"/> CAD/CAE | <input type="checkbox"/> Farm Management | <input type="checkbox"/> Network Computer Mgmt |
| <input type="checkbox"/> Advanced Manufacturing | <input type="checkbox"/> Clinical Laboratory Assistant | <input type="checkbox"/> Factory Automation | <input type="checkbox"/> Operations Technology |
| <input type="checkbox"/> Agribusiness | <input type="checkbox"/> Computer Information Tech. | <input type="checkbox"/> Human Resource Mgmt | <input type="checkbox"/> Paralegal Studies (Post-Baccalaureate) |
| <input type="checkbox"/> Automation and Robotics | <input type="checkbox"/> Computer Languages | <input type="checkbox"/> HVAC and Refrigeration | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Database Specialist | <input type="checkbox"/> Marketing | <input type="checkbox"/> Supply Chain Mgmt |
| <input type="checkbox"/> Business | <input type="checkbox"/> Electronics Networking | <input type="checkbox"/> Medical Assisting | <input type="checkbox"/> Systems Administrator |
| <input type="checkbox"/> Business Mgmt | <input type="checkbox"/> Electro-Mechanical Engineering | <input type="checkbox"/> Medical Coder | |

Do you plan to participate in the Graduation Ceremony? Yes No
(If yes, please see the Bookstore to order your Cap and Gown!)

Semester in which you will complete your certificate requirements *(check one and indicate year)*
 End of Fall 20 _____ End of Spring 20 _____ End of Summer 20 _____

Would you like your diploma Picked up at Edison Mailed *(Verify that WebAdvisor has your current address)*

Would you like to pledge to the Edison Foundation to assist other Edison Community College Students?
 \$5.00 \$10.00 \$20.00 \$25.00 Other: _____ No, thank you

Student's Signature _____ Date _____

Section II – Graduation Requirements *(to be completed by Advisor; print clearly)*

Current Edison GPA: _____ Completed program based on Academic Catalog: _____

Does the student have: At least 10 Edison credit hours of their last 15 program hours? Yes No
 Less than 50% hours of credit by exam/portfolio credit? Yes No

Enter **ONLY** the remaining courses (including current schedule) required to complete the certificate program.

NOTE: Any changes, additions, or deletions should be initialed and dated by your Dean.

Fall _____ Spring _____ Summer _____

I have reviewed the above named individual's record and verify that the student will complete the requirements for the specified certificate, pending completion of the courses listed above, and if the student has a minimum cumulative GPA of 2.0 at the time of their completion.

Advisor's Signature _____ Date _____

Dean's Signature _____ Date _____

Office Use		Letter Mailed	GPA Requirement Completed	Total Credit Requirements Completed	Remaining Coursework Completed	Diploma Mailed	Posted on Transcript
	Date						
	By						

Graduation Survey

(Return to Cashier's Office with Graduation Application)

Last Name _____ First Name _____ M.I. _____

Student ID# _____ Current Phone Number _____

Upon graduating, please check all that will apply

I will be continuing my education to complete another Edison program.

I will be continuing my education through a four-year college/university.

School: _____ Major: _____

I am not planning to continue my education at this time.

Employment Status

I will be seeking employment Have you used Edison's Career Services? Yes No

** Please visit Career Services www.edisonohio.edu/career for job postings, resources, and assistance with resumes and interviews. Upload your resume on Edison's Job Board.*

I am currently employed and will not be seeking employment.

If employed, is your job related to your Edison major? Yes No

I will not be seeking employment

Contact Information after graduation

Phone _____ Personal email _____